

Christ Among the Cattle. Frederic R. Marvin.
Boston. Sherman, French & Co. 1912.

Exercise and Health. Woods Hutchinson, M. D.
New York. Outing Publishing Co. 1911.

Outlines of General and Surgical Nursing. Winifred F. Lindsay, Superintendent of the Training School for Nurses of the Paradise Valley Sanitarium, National City, Cal. Loma Linda, Cal. The College Press.

REASONABLE PROTEST; HEED IT.

To the Editor of the State Journal: On behalf of those members of the medical profession who, like myself, are devoting themselves to laboratory work, I wish to present a protest against the practice prevailing among many physicians of sending their patients to purely commercial laboratories for various tests and examinations. No ethical physician sends his patient to an optician when he wishes him tested for glasses, nor does the eye-specialist refer his physically ill myopic to a druggist for advice or treatment to relieve his symptoms. Even the orthopedist usually takes the measurements of his patient's limb himself when about to order a brace or other purely mechanical apparatus to correct a deformity, instead of entrusting it entirely to the trained and thoroughly skilled mechanic who is to make the apparatus. Under no conditions does a physician, whatever his specialty may be, refer a case to "quacks" or laymen for physical examination or diagnosis. Why then should he send his patients to laymen for a diagnosis of anemia, tuberculosis, gonorrhea, syphilis, or any other condition in which a laboratory examination is necessary? True, in some instances a well-trained and conscientious layman can do this work very accurately, but in many cases, and especially in the complement fixation tests, only the medically trained expert can read and interpret his findings correctly, and render an accurate and helpful report to the physician caring for the case and depending on the test to assist him in the diagnosis or the regulation of the treatment. Two excuses are given by those who plead guilty to the habit of passing by their professional brethren and giving their work to those outside of medical circles. One is the lower rates charged by the non-professional worker; the other is the fear that those physicians who combine laboratory work with general practice might deliberately or unconsciously "steal" their patient from them. True, the commercial laboratories have instituted a scale of prices averaging about one-fifth of the usual professional rates, but is it fair or just that the well-to-do patient should get his work done at one-fifth of its value, and is not the professional laboratory expert just as willing to reduce his charge for a Wassermann test for a poor patient, at the request of the attending physician, as the surgeon is to do a \$500 operation for \$50, if that is all the low-salaried man with a family to support can possibly afford to pay for parting with his appendix? As to the other objection, the non-professional worker is quite likely to have some special favorite among the doctors to whom he will try to turn other physicians' patients if he finds he can do so without detection. Here the individual sense of honor is the controlling factor, not the fact that the laboratory worker is or is not a graduate of medicine.

In conclusion, let me remind my colleagues in the profession that now, as of old, the "laborer is worthy of his hire" and entreat them to give their professional brethren the preference over those who, because they have not spent so much time and money in preparation for their work, claim to be able to do it for all classes at such unfairly reduced charges.

A. W.

THE PHARMACIST AS THE PHYSICIAN'S MENTOR.

For some time past the National Association of Retail Druggists has been conducting a propaganda which had for its aim the replacement of proprietary preparations by preparations official in the United States Pharmacopoeia or the National Formulary. While the complex mixtures of the Pharmacopoeia and the Formulary are no more scientific than the proprietary preparations whose place they are recommended to take, they have it in their favor that their composition is known and that they are not advertised by extravagant claims that are liable to lead both physicians and the public to use them injudiciously.

While insofar the "U. S. P. and N. F. Propaganda" deserves our endorsement the recent attempt to "force them down our throats" by lectures on materia medica and therapeutics should not be countenanced. While it is true that the instruction in materia medica and therapeutics in medical colleges has not been all it should be, nevertheless it has not been of such inferior character as to warrant the pharmacist in setting himself up as the physician's mentor. The following protest is made by the Journal of the Indiana State Medical Association (June 15, 1912, p. 275), against an article in the N. A. R. D. Notes, April 4, 1912, which attempts to popularize Elixir Corydalis Compound, an obsolete shot-gun formula of the N. F.: This is an aromatic elixir containing turkey corn, stillingia, prickly ash, blue flag, and potassium iodid. It is claimed that the activity of each of these drugs is increased and the value of the elixir greatly enhanced, through being thus combined. With the assurance of matured wisdom this drug journal tells us:

"It is an efficient alternative of great value in favorably modifying the general morbid processes of certain constitutional diseases. Physicians ought to thoroughly acquaint themselves with this preparation for it is a remedy par excellence.

"Its laxative properties, if not sufficient, may be enhanced by the addition of Cascara Sagrada or Podophyllin.

"This preparation has a decided tonic action in the third stage of syphilis, in chronic rheumatism, and is distinctly stimulating to the intestinal glands."

The spirit of perversity impels us to ask: How does this self-constituted instructor know these things? In these days when all statements are being put to the test and the opinions, which attributed the mysterious power of alteratives to such remedies as sarsaparilla, are dissolving like mist before the morning sun, it becomes the druggist to wait patiently for further knowledge rather than to confuse the issue by raising the old war cry. How happens it that the N. A. R. D. can tell us so confidently what years of investigation have not disclosed? The trained pharmacologist cannot discover the alterative or tonic properties of corydalis, or stillingia, prickly ash or blue flag. What does the retail druggist know about them that he should vaunt this mixture of cast-off herbs as "a remedy par excellence"? Who is the physician so ignorant as not to know that he can supplement laxative action by another laxative if he wishes? Or was this lesson written at space rates and this statement thrown in to fill up?

But we forget the potassium iodid. Of course, the physician sometimes forgets potassium iodid to the great detriment of his patient. In the great emergencies when drugs must be used with a bold hand what is so likely to lead to failure as the fact that this life-saving agent is concealed in a mixture of worthless adjuvants? The doctor forgets what it is that will cure the disease because of the claims made for the other wonderful alteratives.

And now let us ask why all this laudation of a formula, the ingredients of which have been tried